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## APPLICANTS

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\*\* CONTINUING DATA

\*\*\*none\*\*\*\*\* nm

\*\* FOREIGN APPLICATIONS

\*\*\*none\*\*\*\*\* nm

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY KY	SHEETS DRAWING 2	TOTAL CLAIMS 31	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Met after Allowance			
Verified and Acknowledged Examiner's Signature <i>A. M. Reid</i>	Initials <i>nm</i>			

## ADDRESS

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## TITLE

Home network printer adapter

FILING FEE  RECEIVED 1152	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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